

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.	396542
First Named Inventor	JohnB. Taylor
Original Patent Number	5,997,910
Original Patent Issue Date (Month/Day/Year)	December 7, 1999
Express Mail Label No.	EL331152344US

APPLICATION FOR REISSUE OF:

(check applicable box)

☒ Utility Patent☐ Design Patent☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in a double column copy of patent format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No

(If Yes, check applicable box(es))

☐ Written Consent of all Assignees (PTO/SB/53)

☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
8. ☐ Original U.S. Patent for surrender
☐ Ribboned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
10. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration (if applicable)
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☒ Other: Certificate of Mailing & Check for \$496

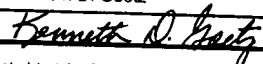
14. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

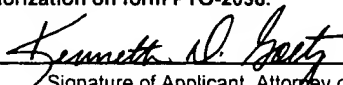
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or ☒ Correspondence address below

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NAME (Print/Type)	Kenneth D. Goetz	Registration No. (Attorney/Agent)	32,696
Signature		Date	October 19, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 396542		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 2	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 2	**** 0	X\$9=	0	or	X\$ _____	
(C) 2		(D) 2	* 0	X\$42=	0		X\$ _____	
Basic Fee (37 CFR 1.16(h))					\$370	OR	\$ _____	
Total Filing Fee					\$370		\$ _____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 14	MINUS	** 20	=0	X\$9=	0	or	X\$ _____
Independent Claims (37 CFR 1.16(i))	*** 6	MINUS	***** 3	=3	X\$42=	126		X\$ _____
Total Additional Fee					\$126	OR	\$ _____	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 27 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>12-0600</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>496</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.</p>								
October 19, 2001		 _____ Signature of Applicant, Attorney or Agent of Record						
Date		_____ Kenneth D. Goetz Typed or printed name						